

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**35901**

State File No. ....

No. 300  
10-48

**FILED OCT 31 1952**

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>202</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Georgia</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atlanta</u>		8100 6 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Phelps Co Memorial Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>558 Stonewall St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u>		b. (Middle) _____		c. (Last) <u>CLARK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 8 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negroid</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>2 July 1919</u>		9. AGE (In years last birthday) <u>33</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>US Army</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Atlanta, Georgia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie M. Woodward</u>		14. NAME OF HUSBAND OR WIFE <u>Kimiko Clark</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>7 Nov 45</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>U.S. Army Records.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Laceration of Brain</u>  ANTECEDENT CAUSES DUE TO (b) <u>Gunshot wound</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>38 Cal. Pistol.</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>E976X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 Hr. 40 Min.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rolla Phelps Mo.,</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 8-52 11:30 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Gun placed against skull back of right ear.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:10 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>		(Degree or title) _____		23b. ADDRESS <u>Rolla, Mo</u>		23c. DATE SIGNED <u>Oct 8-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8 Oct. 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fort Leonard Wood Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Fort Leonard Wood Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 13, 1952</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter O. Hedges Hedges Funeral Home, Crocker Mo.,</u>			

(Licensed Embalmer's Statement on Reverse Side) X

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0812

JAN 7 1953

SEAL OF THE  
STATE OF MISSOURI

County File Number  
Date Filed

10-30-52

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Walter P. Rogers*

Licensed Embalmer No. *4565*

P. O. Address *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.